FORM PRECEIVED COMPANY AND ADMINISTRATION OF THE PROPERTY OF T

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response 16.00



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Name of Offering (check if this is an amendment and name has changed, and indicate change.) Capital Units in Saville Row CM Distressed Participant Fund, LLC ☐ Rule 504 Section 4(6) ULOE Filing Under (Check box(es) that apply): Rule 506 Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer (check if this is an amendment and name has changed, and indicate change.) Name of Issuer Savile Row CM Distressed Participant Fund, LLC (Number and Street, City, State, Zip Code) Address of Executive Offices Telephone Number (including Area Code) 11711 N. Meridian Street, Suite 600, Carmel, IN 46032 (317) 805-5000 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (including Area Code) (if different from Executive Offices) Brief Description of Business Pool capital for investment in underlying funds Type of Business Organization limited partnership, already formed other (please specify) corporation limited partnership, to be formed limited liability company⊱∭∭∭ business trust Month Year 0 5 2006 Actual Actual or Estimated Date of Incorporation or Organization: L Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State;

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of a manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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		B: BASIC IDENT	IFICATION DATA	aragis iyo dag	
2. Enter the information r	equested for the fo	llowing			
 Each promoter of the 	e issuer, if the issu	er has been organized within th	e past five years;		
 Each beneficial own issuer; 	ner having the pow	er to vote or dispose, or direct t	he vote or disposition of, 10%	% or more of a class of	of equity securities of the
 Each executive office 	cer and director of	corporate issuers and of corpor	ate general and managing par	tners of partnership	issuers; and
 Each general and m 	anaging partner of	partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Oxford Financial Grou	up, Ltd.				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Code)			
11711 N. Meridian Str	eet, Suite 600,	Carmel, IN 46032			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)	-			
		_			· .
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Address	ess (Number and S	Street, City, State, Zip Code)			· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)			··· · · · · · · · · · · · · · · · · ·	
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Code)			
	(Use bla	ank sheet, or copy and use addit	tional copies of this sheet, as i	necessary)	

is a c	B. INFORMATION ABOUT OFFERING	an a constant								
		Yes	No							
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?		\boxtimes							
2	\$250,0	00								
2.	2. What is the minimum investment that will be accepted from any individual?									
3.	Does the offering permit joint ownership of a single unit?	Yes ⊠	No							
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.									
Full	Name (Last name first, if individual)									
Bus	iness or Residence Address (Number and Street, City, State, Zip Code)	<u>.</u>								
Nan	ne of Associated Broker or Dealer									
Stat	es in Which Person Listed Has Solicited or Intends to Solicit Purchasers									
	(Check "All States" or check individual States)	All States								
	AL	HI MS OR WY	☐ ID ☐ MO ☐ PA ☐ PR							
Full	Name (Last name first, if individual)									
Rus	iness or Residence Address (Number and Street, City, State, Zip Code)									
Duo	intess of Residence realizes (Number and Sacot, Ony, State, 21p Gode)									
Nan	ne of Associated Broker or Dealer									
Stat	es in Which Person Listed Has Solicited or Intends to Solicit Purchasers									
	(Check "All States" or check individual States)	🗔 Al	I States							
	AL	☐ HI ☐ MS ☐ OR ☐ WY	☐ ID ☐ MO ☐ PA ☐ PR							
Full	Name (Last name first, if individual)									
Bus	iness or Residence Address (Number and Street, City, State, Zip Code)									
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•							
Nar	ne of Associated Broker or Dealer									
Stat	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers		·							
	(Check "All States" or check individual States)	☐ Al	1 States							
	AL	☐ HI ☐ MS ☐ OR ☐ WY	☐ ID ☐ MO ☐ PA ☐ PR							

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Type of Security Offering Price Already Sold Debt\$ Equity......\$ \$ ☐ Common ☐ Preferred Convertible Securities (including warrants)...... Partnership Interests \$ Total\$ Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors \$ 26,<u>1</u>00,000 Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of Dollar Security Amount Sold Type of Offering Rule 505.... Regulation A..... Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs. Legal Fees \$ 30,000 Accounting Fees.... Engineering Fees. Sales Commissions (specify finders' fees separately)..... Other Expenses (identify) administrative costs \$ 20,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Total

\$ 50,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EX	KPENSES AND USE OF PROCEEDS	体育的复数形式 医乳毒素
b. Enter the difference between the aggregate offering price given in respondence of the price o	on 4.a. This	\$ 26 ,050,000
5. Indicate below the amount of the adjusted gross proceeds to the issuer used be used for each of the purposes shown. If the amount for any purpose is negative furnish an estimate and check the box to the left of the estimate. The total of listed must equal the adjusted gross proceeds to the issuer set forth in response Question 4.b above.	of known, of the payments	
	Payments to Officers, Directors, & Affiliates	•
Salaries and fees	ss	_
Purchase of real estate	\$	
Purchase, rental or leasing and installation of machinery and equipment		
Construction or leasing of plant buildings and facilities		
Acquisition of other businesses (including the value of securities involved that may be used in exchange for the assets or securities of another issuer p	oursuant to a	
merger)		
Repayment of indebtedness.		
Working capital		
Other (specify): investment in interests of limited partnership of		⊠ \$ 26,050,000
underlying funds and establishing reserves		
Column Totals		<u>26,050,000</u>
Total Payments Listed (column totals added)	🖂 s <u>26</u>	5,050,000
D: FEDERAL SIGNAT	URE	
The issuer has duly caused this notice to be signed by the undersigned duly at following signature constitutes an undertaking by the issuer to furnish to the request of its staff, the information furnished by the issuer to any non-accredit	U.S. Securities and Exchange Com	mission, upon written
Issuer (Print or Type) Signature	4000 P	7/13/06
Name of Signer (Print or Type) Savile Row CM Distressed Participant Fund, LLC Title of Signer	(Print or Type)	
Jeffrey H. Thomasson Managing Dithe Issuer's	irector of Oxford Financial Gro Manager	up, Ltd.,
ATTENTION	*******	
1		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

tajti brisi		E: STATE SIGNATURE			rus per district Hasparia				
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?								
		See Appendix, Column 5, for state re	sponse.						
2.	The undersigned issuer hereby undertage Form D (17 CFR 239.500) at such times.	akes to furnish to any state administrato les as required by state law.	r of any state in which this notice is	filed, a r	notice on				
3.	The undersigned issuer hereby undertaissuer to offerees.	akes to furnish to the state administrator	s, upon written request, information	furnishe	ed by the				
4.	Limited Offering Exemption (ULOE)	the issuer is familiar with the condition of the state in which this notice is filed burden of establishing that these conditi	and understands that the issuer clair						
	issuer has read this notification and known ersigned duly authorized person.	ows the contents to be true and has duly	caused this notice to be signed on i	ts behalf	by the				
Issu	ner (Print or Type)	Signature	Date						
	vile Row CM Distressed ticipant Fund, LLC)+tru00,	2 7/13/06	-					
Nan	ne of Signer (Print or Type)	Title of Signer (Print or Type)							
1.5	from U. Thomasson	Managing Director of Oxford Fir	annial Croup 1 td the leaved						

Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

Intend to sell to non-accredited investors of in State (Part C-Item 1) Type of investor and aggregate offering price offered in state (Part C-Item 1) Number of Accredited Investors Amount Number of Numb	1		2	3			4		1	5	
Dec		Intend	to call to						Disqual	ification	
investors investors investors investors investors investors investor and investors investor investor				Type of security and					(if yes, attach		
Part B-lown Part C-ltem Part C-ltem Part C-ltem Part E-ltem		investors		aggregate offering price					explanation of		
Number of Accredited Amount Number of Accredited Amount Number of Non-Accredited Amount Number of Non-Accredited Amount Number of Non-Accredited Number of Non-Accr						amount pur	chased in State				
State Yes No		(rait D	-110/11/1/	(rant e item r)	Number of	(1 at			(Tart E		
AL											
AK	State	Yes	No		Investors	Amount	Investors	Amount	Yes	No	
AZ	AL										
AZ	AK										
AR	۸.7			Capital units -	4	\$ 200,000	0				
CA				\$ 26,100,000		\$ 300,000	0				
CO	AR										
CO	CA										
DE	со		х		1	\$ 350,000	0	· .		х	
DC X Capital units - \$26,100,000 3 \$750,000 0 X GA II II III III III IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	СТ										
FL X \$26,100,000 3 \$ 750,000 0 X GA HI	DE										
FL X \$ 26,100,000 3 \$ 750,000 0 X GA HI	DC	·									
HI	FL		x	Capital units - \$ 26,100,000	3	\$ 750,000	0			x	
ID	GA										
IL Capital units - \$ 26,100,000 41 \$ 19,900,000 0 X IA IA IA IA IA IA KS IA IA IA IA IA KY IA IA IA IA IA IA ME IA IA <td< td=""><td>HI</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	HI										
IN	ID										
IN	IL										
KS	IN		x	Capital units - \$ 26,100,000	41	\$ 19,900,000	0			х	
KY LA Image: Control of the control of	IA										
LA ME	KS										
ME Capital units - \$ 26,100,000 2 \$ 500,000 0 X	KY										
MD	LA										
MD X \$26,100,000 2 \$500,000 0 X	ME										
	MD		x	Capital units - \$ 26,100,000	2	\$ 500,000	0			x	
					7.1			-			

APPENDIX

1		2	3			4			5 ification
	inve	credited stors state	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MI		x	Capital units - \$ 26,100,000	3	\$ 3,000,000	0			х
MN									
MS									
МО									
MT								-	
NE									
NV								ļ	
NH									
NJ								ļ	
NM									
NY									
NC									
ND									
ОН		х	Capital units - \$ 26,100,000	3	\$ 800,000	0			х
OK		х	Capital units - \$ 26,100,000	1	\$ 250,000	0			х
OR								,	
PA						<u> </u>		ļ	
RI									
SC	· · · · · · · · · · · · · · · · · · ·	х	Capital units \$ 26,100,000	1	\$ 250,000	0			Х
SD									
TN									
TX									
UT									

APPENDIX

1		2	3			4		5 Disqualification	
			Type of security and aggregate offering price offered in state		Type of investor and amount purchased in State				
		Item 1)	(Part C-Item 1)			C-Item 2)		waiver granted) (Part E-Item 1)	
Ct.t.	Van	No		Number of Accredited	Number of Accredited Number of Non-Accredited				No
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
VT								ļ	
VA									
WA									
wv							· · · · · · · · · · · · · · · · · · ·		
WI							·		
WY									
PR									

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